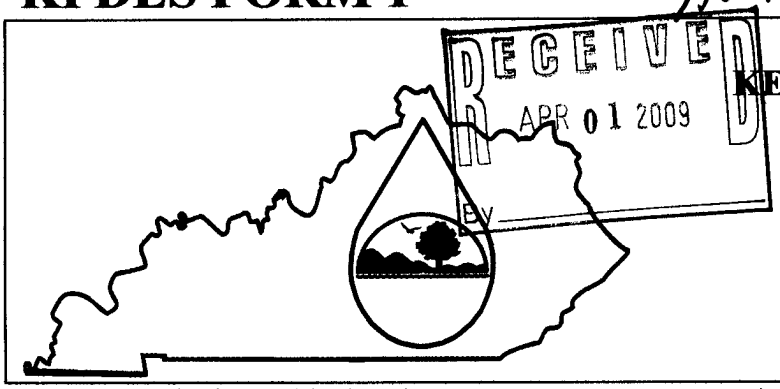
KPDES FORM 1

AI#3310



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
- ☒ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Form SC

For additional information contact:
KPDES Branch (502) 564-3410 CK 3200

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE	0	1	0	0	1	0	2

A. Name of Business, Municipality, Company, Etc. Requesting Permit
Perdue Farms Incorporated

B. Facility Name and Location	C. Primary Mailing Address (all facility correspondence will be sent to this address). **Include owner's mailing address (if different) in D.**
Facility Location Name: Perdue Farms Incorporated	Facility Contact Name and Title: Mr. ☒ Ms. ☐ David G. Jurgens Senior Environmental Manager
Facility Location Address (i.e. street, road, etc., **not P.O. Box**): 5025 Hwy 231 S.	Mailing Address: 5025 Hwy 231 S.
Facility Location City, State, Zip Code: Beaver Dam, KY 42320	Mailing City, State, Zip Code: Beaver Dam KY 42320
D. Owner's name (if not the same as in part A and C):	Facility Contact Telephone Number: 270 274 6073
Owner's Mailing Address:	Owner's Telephone Number (if different):

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Poultry Processing Plant, Poultry Hatchery, Water Plant, Wastewater Treatment Plant

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	2015 Poultry Slaughter & Processing		
Other SIC Codes:	0254 Poultry Hatcheries		

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

B. County where facility is located: Ohio County	City where facility is located (if applicable):
C. Body of water receiving discharge: Green River RMI 130.2	
D. Facility Site Latitude (degrees, minutes, seconds): 37, 20, 50 N	Facility Site Longitude (degrees, minutes, seconds): 86, 47 30 W
E. Method used to obtain latitude & longitude (see instructions):	Topo Map
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	00-990-3022

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:
☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:	Telephone Number:
David G. Jurgens	270 274 6073
Operator Mailing Address (Street): 5025 Hwy 231 S.	
Operator Mailing Address (City, State, Zip Code): Beaver Dam KY 42320	
Is the operator also the owner? Yes ☐ No ☒	Is the operator certified? If yes, list certification class and number below. Yes ☒ No ☐
Certification Class: II	Certification Number: 9251

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:	Issue Date of Current Permit:	Expiration Date of Current Permit:
KY 0100102	12/1/04	9/30/09
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
2	9/1/95	# 092-00028
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	
PWSID # 0920631		

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	David G. Jurgens Senior Environmental Manager
DMR Official Telephone Number:	270 274 6073

B. DMR Mailing Address:
- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:	
DMR Mailing Address:	
DMR Mailing City, State, Zip Code:	

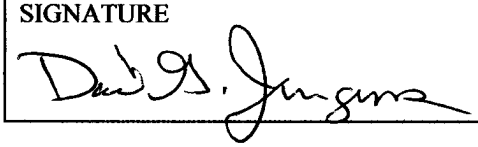
VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Major Industry	$3,200.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. ☒ Ms. ☐ David G. Jurgens Senior ENV. MGR.	270 274 6073
SIGNATURE 	DATE: 3/27/09

Return completed application form and attachments to: **KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.**


CROMWELL QUADRA
KENTUCKY
7.5 MINUTE SERIES (TOPC
SE/4 HARTFORD 15' QUADRAN(
OWENSBORO 30 MI.
WESTERN KENTUCKY PKWY 0.8 MI.
518
47'30"
519
1 700 000 FEET
520
521
Threlkeld
GREEN
FORK
PIPELINE
RIVER
PERDUE
FARMS
WASTEWATER
PLANT
West
Prong
Indian
Camp
Cromwell
Water
Tank
Futrahop
Plant
Shields Cem
BM 447
Mile
130
RIVER
DISCHARGE
POINT
GREEN
Creek
Hartford
Creek
Lake
Green River
Ch
Oak Grov
BM
408
BM
411
505
403

KPDES FORM C

AI# 3310

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Perdue Farms Incorporated	County: Ohio County						
I. OUTFALL LOCATION	AGENCY USE	0	1	0	0	1	0	2

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	37	20	05	86	47	50	Green River

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
001	Poultry Processing	1.45 MGD	Screening/DAF	1 - T/1-H
	Water Plant Backwash	0.05 MGD	Anaerobic Treatment	3 - C
			Activated Sludge	3 - A
			Disinfection / UV	2 - H
			Reuse/ Recycle Treated Eff.	4 - C
			Discharge to Surface Water	4 - A
			Sludge Lagoon	5 - T
			Anaerobic Digestion	5 - B
	(continued on next page)		Land Application	5 - P

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.) ☒ No (Go to Section III.)

OUTFALL NUMBER (list)	OPERATIONS CONTRIBUTING FLOW (list)	FREQUENCY		FLOW				
		Days Per Week (specify average)	Months Per Year (specify average)	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ Yes (Complete Item III-B) List effluent guideline category:

☒ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C) ☐ No (Go to Section IV)

C. If you answered "Yes" to Item III-B, list the quantity which represents the actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table) ☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE
Ammonia - See Part A Phosphorus - See Part B	Poultry Processing		

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐ Yes (List all such pollutants below) ☒ No (Go to Item VI-B)

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharge of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

☐ Yes (Complete Item VI-C) ☒ No (Go to Item VII)

C. If you answered "Yes" to Item VI-B, explain below and describe in detail to the best of your ability at this time the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years. Continue on additional sheets if you need more space.

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge of or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (Identify the test(s) and describe their purposes below) ☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below) ☐ No (Go to Section IX)

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
SMR Engineering & Environmental Services	P.O. Box 761 Central City, KY 42330	(270) 754-3737	BOD,NH3, Oil & Grease

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
DAVID G. JURGENS, SENIOR ENV. MGR.	270 274 6073
SIGNATURE: David G Jurgens	DATE: 3/27/09

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completin these pages. (See instructions)

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C) | **OUTFALL NO.**

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT							3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No Anal
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Biochemical Oxygen Demand (BOD)	20	155	8.86	77	5	48	52	mg/l	lbs/day			
b. Chemical Oxygen Demand (COD)	116	977					1	mg/l	lbs/day			
c. Total Organic Carbon (TOC)	2.4	23.6					1	mg/l	lbs/day			
d. Total Suspended Solids (TSS)	43	472	20	329	12	92	52	mg/l	lbs/day			
e. Ammonia (as N)	51	586	32	324	9	92	52	mg/l	lbs/day			
f. Flow (in units of MGD)	VALUE	2.679	VALUE	1.424	VALUE	1.25	365		MGD	VALUE		
g. Temperature (winter)	VALUE	22.5	VALUE	19.9	VALUE	16.7	26		°c	VALUE		
h. Temperature (summer)	VALUE	25.7	VALUE	24.8	VALUE	22.5	26		°c	VALUE		
i. pH	MINIMUM 6.2	MAXIMUM 7.85	MINIMUM 7.04	MAXIMUM 7.63			52		STANDARD UNITS			

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		6. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. of Analyses
a. Bromide (24959-67-9)		x												
b. Bromine Total Residual		x												
c. Chloride	x		151	1365	127	1148	101	913	52	mg/l	lbs/day			
d. Chlorine, Total Residual		x												
e. Color		x												
f. Fecal Coliform	x		>400		62		7		52	MPN				
g. Fluoride (16984-48-8)		x												
h. Hardness (as $CaCO_3$)	x		100						1	mg/l				
i. Nitrate – Nitrite (as N)	x		10.9	99	10	90			5	mg/l				
j. Nitrogen, Total Organic (as N)	x		0.78							mg/l				
k. Oil and Grease	x		3.8	34	2.25	20	1.8	16	52	mg/l	lbs/day			
l. Phosphorous (as P), Total 7723-14-0	x		4.7	43	2.87	26	1.9	17	52	mg/l	lbs/day			
m. Radioactivity														
(1) Alpha, Total		x												
(2) Beta, Total		x												
(3) Radium Total		x												
(4) Radium, 226, Total		x												

Part B - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. of Analyses
n. Sulfate (as SO_4) (14808-79-8)		x												
o. Sulfide (as S)		x												
p. Sulfite (as SO_4) (14286-46-3)		x												
q. Surfactants		x												
r. Aluminum, Total (7429-90)		x												
s. Barium, Total (7440-39-3)		x												
t. Boron, Total (7440-42-8)		x												
u. Cobalt, Total (7440-48-4)		x												
v. Iron, Total (7439-89-6)		x												
w. Magnesium Total (7439-96-4)		x												
x. Molybdenum Total (7439-98-7)		x												
y. Manganese, Total (7439-96-6)		x												
z. Tin, Total (7440-31-5)		x												
aa. Titanium, Total (7440-32-6)		x												

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the **Testing Required** colur for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-requir GC/MS fractions), mark "X" in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark "X: in the **Believed Absent** column for each pollutant you believe to be absent. If you ma either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Compl one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. o Analys
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)			x												
2M. Arsenic, Total (7440-38-2)			x												
3M. Beryllium Total (7440-41-7)			x												
4M. Cadmium Total (7440-43-9)			x												
5M. Chromium Total (7440-43-9)			x												
6M. Copper Total (7550-50-8)			x												
7M. Lead Total (7439-92-1)			x												
8M. Mercury Total (7439-97-6)			x												
9M. Nickel, Total (7440-02-0)			x												
10M. Selenium, Total (7782-49-2)			x												
11M. Silver, Total (7440-28-0)			x												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. o Analys
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS (Continued)															
12M. Thallium, Total (7440-28-0)			x												
13M. Zinc, Total (7440-66-6)			x												
14M. Cyanide, Total (57-12-5)			x												
15M. Phenols, Total			x												
DIOXIN															
2,3,7,8 Tetra-chlorodibenzo, P, Dioxin (1784-01-6)			x	DESCRIBE RESULTS:											
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			x												
2V. Acrylonitrile (107-13-1)			x												
3V. Benzene (71-43-2)			x												
5V. Bromoform (75-25-2)			x												
6V. Carbon Tetrachloride (56-23-5)			x												
7V. Chloro-benzene (108-90-7)			x												
8V. Chlorodibro-momethane (124-48-1)			x												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value (1) Concentration	a. Long-Term Avg Value (2) Mass	b. No. o Analys
9V. Chloroethane (74-00-3)			x												
10V. 2-Chloro-ethylvinyl Ether (110-75-8)			x												
11V. Chloroform (67-66-3)			x												
12V. Dichloro-bromomethane (75-71-8)			x												
14V. 1,1-Dichloroethane (75-34-3)			x												
15V. 1,2-Dichloroethane (107-06-2)			x												
16V. 1,1-Dichlorethylene (75-35-4)			x												
17V. 1,2-Di-chloropropane (78-87-5)			x												
18V. 1,3-Dichloropro-pylene (452-75-6)			x												
19V. Ethyl-benzene (100-41-4)			x												
20V. Methyl Bromide (74-83-9)			x												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. o Analys
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
21V. Methyl Chloride (74-87-3)			x												
22V. Methylene Chloride (75-00-2)			x												
23V. 1,1,2,2-Tetrachloro-ethane (79-34-5)			x												
24V. Tetrachloro-ethylene (127-18-4)			x												
25V. Toluene (108-88-3)			x												
26V. 1,2-Trans-Dichloro-ethylene (156-60-5)			x												
27V. 1,1,1-Tri-chloroethane (71-55-6)			x												
28V. 1,1,2-Tri-chloroethane (79-00-5)			x												
29V. Trichloro-ethylene (79-01-6)			x												
30V. Vinyl Chloride (75-01-4)			x												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. o Analys
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chloro-phenol (95-57-8)			x												
2A. 2,4-Dichlor-Orophenol (120-83-2)			x												
3A. 2,4-Dimeth-ylphenol (105-67-9)			x												
4A. 4,6-Dinitro-o-cresol (534-52-1)			x												
5A. 2,4-Dinitro-phenol (51-28-5)			x												
6A. 2-Nitro-phenol (88-75-5)			x												
7A. 4-Nitro-phenol (100-02-7)			x												
8A. P-chloro-m-cresol (59-50-7)			x												
9A. Pentachloro-phenol (87-88-5)			x												
10A. Phenol (108-05-2)			x												
11A. 2,4,6-Tri-chlorophenol (88-06-2)			x												
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acena-phthene (83-32-9)			x												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. o Analys
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B. Acenaphtylene (208-96-8)			x												
3B. Anthracene (120-12-7)			x												
4B. Benzidine (92-87-5)			x												
5B. Benzo(a)-anthracene (56-55-3)			x												
6B. Benzo(a)-pyrene (50-32-8)			x												
7B. 3,4-Benzofluoranthene (205-99-2)			x												
8B. Benzo(ghl) perylene (191-24-2)			x												
9B. Benzo(k)-fluoranthene (207-08-9)			x												
10B. Bis(2-chloroethoxy)-methane (111-91-1)			x												
11B. Bis (2-chloroisopropyl)-Ether			x												
12B. Bis (2-ethylhexyl)-phthalate (117-81-7)			x												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. o Analys
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
13B. 4-Bromo-phenyl Phenyl ether (101-55-3)			x												
14B. Butyl-benzyl phthalate (85-68-7)			x												
15B. 2-Chloro-naphthalene (7005-72-3)			x												
16B. 4-Chloro-phenyl phenyl ether (7005-72-3)			x												
17B. Chrysene (218-01-9)			x												
18B. Dibenzo-(a,h) Anthracene (53-70-3)			x												
19B. 1,2-Dichloro-benzene (95-50-1)			x												
20B. 1,3-Dichloro-Benzene (541-73-1)			x												
21B. 1,4-Dichloro-benzene (106-46-7)			x												
22B. 3,3-Dichloro-benzidene (91-94-1)			x												
23B. Diethyl Phthalate (84-66-2)			x												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. o Analys
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
24B. Dimethyl Phthalate (131-11-3)			x												
25B. Di-N-butyl Phthalate (84-74-2)			x												
26B. 2,4-Dinitro-toluene (121-14-2)			x												
27B. 2,6-Dinitro-toluene (606-20-2)			x												
28B. Di-n-octyl Phthalate (117-84-0)			x												
29B. 1,2-diphenyl-hydrazine (as azonbenzene) (122-66-7)			x												
30B. Fluoranthene (208-44-0)			x												
31B. Fluorene (86-73-7)			x												
32B. Hexachloro-benzene (118-71-1)			x												
33B. Hexachloro-butadiene (87-68-3)			x												
34B. Hexachloro-cyclopenta-diene (77-47-4)			x												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. o Analys
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
35B. Hexachloroethane (67-72-1)			x												
36B. Indneo-(1,2,3-oc)-Pyrene (193-39-5)			x												
37B. Isophorone (78-59-1)			x												
38B. Napthalene (91-20-3)			x												
39B. Nitrobenzene (98-95-3)			x												
40B. N-Nitrosodimethylamine (62-75-9)			x												
41B. N-nitrosodi-n-propylamine (621-64-7)			x												
42B. N-nitrosodiphenylamine (86-30-6)			x												
43B. Phenanthrene (85-01-8)			x												
44B. Pyrene (129-00-0)			x												
45B. 1,2,4 Trichlorobenzene (120-82-1)			x												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) Concentration	a. Maximum Daily Value (2) Mass	b. Maximum 30-Day Value (if available) (1) Concentration	b. Maximum 30-Day Value (if available) (2) Mass	c. Long-Term Avg. Value (if available) (1) Concentration	c. Long-Term Avg. Value (if available) (2) Mass	d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) Concentration	a. Long-Term Avg. Value (2) Mass	b. No. o Analys
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			x												
2P. α-BHC (319-84-6)			x												
3P. β-BHC (58-89-9)			x												
4P. gamma-BHC (58-89-9)			x												
5P. δ-BHC (319-86-8)			x												
6P. Chlordane (57-74-9)			x												
7P. 4,4'-DDT (50-29-3)			x												
8P. 4,4'-DDE (72-55-9)			x												
9P. 4,4'-DDD (72-54-8)			x												
10P. Dieldrin (60-57-1)			x												
11P. α-Endosulfan (115-29-7)			x												
12P. β-Endosulfan (115-29-7)			x												
13P. Endosulfan Sulfate (1031-07-8)			x												
14P. Endrin (72-20-8)			x												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. o Analys
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – PESTICIDES															
15P. Endrin Aldehyde (7421-93-4)			x												
16P Heptachlor (76-44-8)			x												
17P. Heptaclor Epoxide (1024-57-3)			x												
18P. PCB-1242 (53469-21-9)			x												
19P. PCB-1254 (11097-69-1)			x												
20P. PCB-1221 (11104-28-2)			x												
21P. PCB-1232 (11141-16-5)			x												
22P. PCB-1248 (12672-29-6)			x												
23P. PCB-1260 (11096-82-5)			x												
24P. PCB-1016 (12674-11-2)			x												
25P. Toxaphene (8001-35-2)			x												

Cromwell, Kentucky

Prepared By: **Chas. N. Clark Assoc., L**
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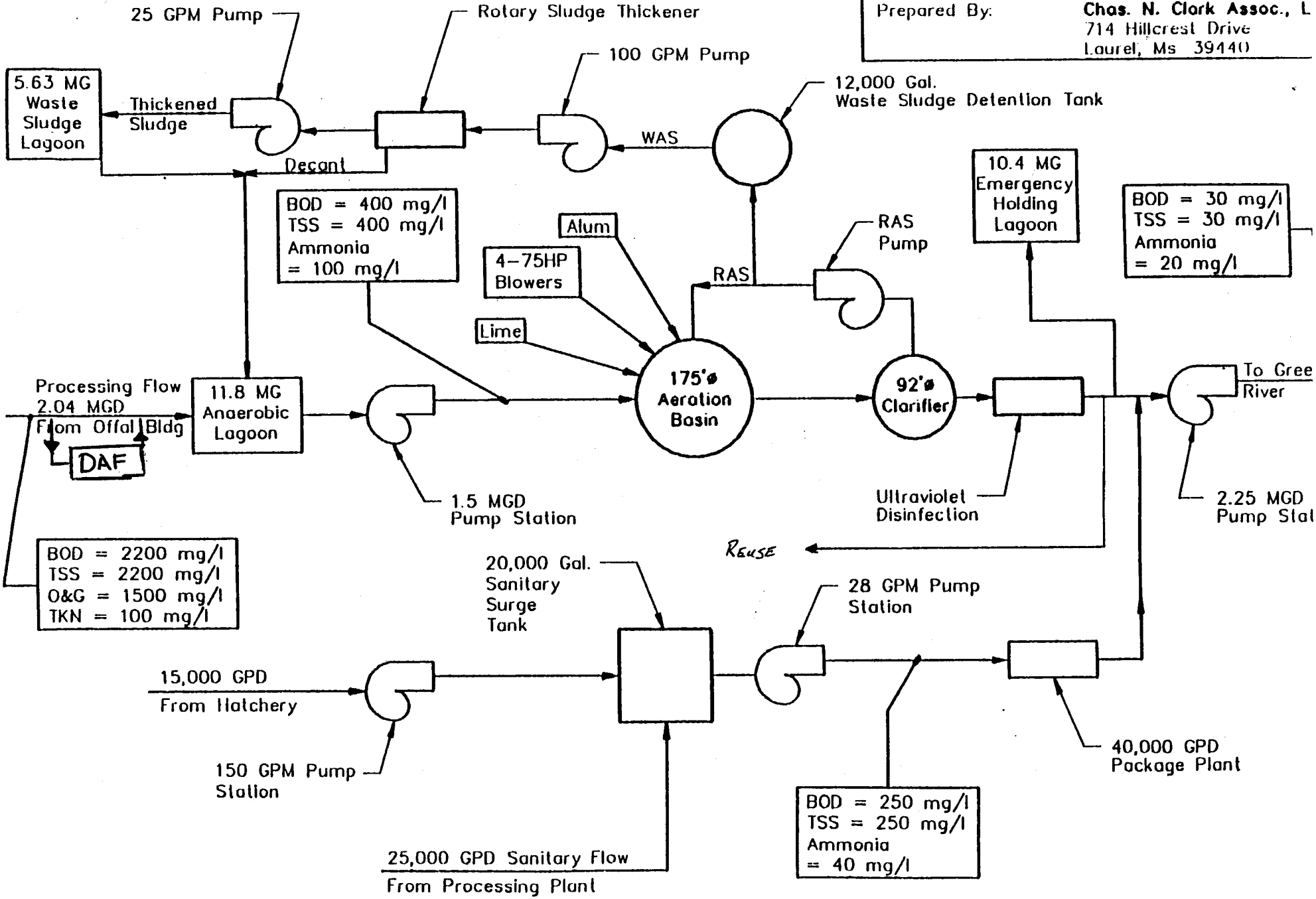

PERDUE

Environmental Services

Your Business Decision Partner

Perdue Farms Incorporated David G. Jurgens 5025 Hwy 231 S. Beaver Dam KY 42320
(270) 274-6073 Fax (207) 274-6071 email dave.jurgens@perdue.com

March 27, 2009

RE: Re-issue KPDES Permit Application

Vickie L. Prather
Division of Water
Surface Water Permits Branch
PS Section
200 Fair Oaks Lane, 4th Floor
Frankfort, KY 40601

Dear Ms Prather:

Please find the following enclosed:

1. Form 1
2. USGS Topographic map.
3. Form C
4. Schematic of the process
5. Check made to the order of the "Kentucky State Treasurer" in the amount of $ 3,200

If any questions arise feel free to call me at the above telephone number.

Sincerely,

David G. Jurgens
Manager, Environmental Services